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Work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a visit OMB control augustee

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004								Application & Docked Number 3		
APPLICATION AS FILED - (Column 1)					l Column 2)	SMALL	SMALL ENTITY		OTHE SMAL	R THAN L ENTITY
	FOR	HUM	NUMBER FILED		IBER EXTRA .	RATE (T)	FEE (S)		RATE (\$)	FEE (\$)
BA	SIC FEE CFR 1.18(b), (b), or	(c))	N/A		N/A	NVA	150.00	1	NA	300.00
SE	ARCH FEE CFR 1 16(1), (1), or		NA		NIA.	NA	\$250		N/A	\$500
EXAMINATION FEE (3) CFR 1.16(d, (p), or (q))			N/A	1	N/A	N/A	\$100].	N/A	\$200
10	TAL CLAIMS CFR 1.16(II)		minus	20 = .		X\$ 25 .		OR	X\$50 .	
	EPENDENT CU OFR 1.16(h))	AIMS	minus	3 .		X100]	X200 .	
API	PLICATION SIZE	sheets of the \$250 addition	if paper, i (\$125 fòr ái 50 she	n and drawings the application small entity) fo eta or fraction (I)(G) and 37 C	size fee due or each thereof. See					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))						+180=	<u> </u>		+360=	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL]	TOTAL	
AMENDMENTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT AMENDMENT Fee (37 CFR 1.		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	=	SMALL RATE (1) X\$ 25 X100 +180=	ADDI- TIONAL FEE (1)	OR OR OR	X\$50 = X200 =	ADDA- TIONAL FEE (\$)
	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					TOTAL		OR	TOTAL	
	•	ADD'L FEE		OR	ADD'L FEE	L				
	·	(Column 1)	<u>,</u>	(Column 2)	(Column 3)	_			· ·	
NT B	:	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (3)
F	Total (27 CFR 1.16(I)		Minus	••	*	X\$ 25		OR	X\$50 ·=	
AMENDMENT	. Independent pr CFR 1.18/p	• • •	Minus	•••	5	X100 "		OR I	X200	
3	Application Size Fee (37 CFR 1.16(s))							~~``}		· · · · · · · · · · · · · · · · · · ·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					+180=		OR	+360=	. • •
•						TOTAL ADD'L FEE		OR :	TOTAL ADD'L FEE	., .
•	' If the "Highest I	olumn 1 is less the Number Previously	Pald For	in column 2, wi	is less than 20,	3. enter "20".	, , ,			

The Tighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 97 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Depentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.